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## BIB DATA SHEET

CONFIRMATION NO. 6154

|  |   |                                    |   |  |
|--|---|------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/660,798   | <b>FILING or 371(c) DATE</b><br>09/12/2003<br><b>RULE</b>   | <b>CLASS</b><br>514                | <b>GROUP ART UNIT</b><br>1614   | <b>ATTORNEY DOCKET NO.</b><br>1194-282 |
| <b>APPLICANTS</b><br>H. Paul Redmond, Wilton, IRELAND;<br>Rolf W. Pfirrmann, Lucerne, SWITZERLAND; <u>JDA</u>  |   |                                    |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 09/993,896 11/27/2001 ABN<br>which claims benefit of 60/253,138 11/28/2000<br>This application 10/660,798 09/12/2003<br>is a CIP of 10/281,138 10/28/2002 PAT 6,815,441<br>which is a DIV of 09/583,902 06/01/2000 PAT 6,479,481 <u>JDA</u><br>which claims benefit of 60/137,421 06/04/1999<br>and claims benefit of 60/151,050 08/27/1999<br>and claims benefit of 60/167,681 11/29/1999<br>and claims benefit of 60/174,607 01/05/2000<br>and claims benefit of 60/182,200 02/14/2000 |   |                                    |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>-NONE- <u>JDA</u>  |   |                                    |   |  |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>12/03/2003  |   |                                    |   |  |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /JAMES D ANDERSON/<br>Acknowledged Examiner's Signature   | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>IRELAND | <b>SHEETS DRAWINGS</b><br>0   | <b>TOTAL CLAIMS</b><br>11              |
| <b>INDEPENDENT CLAIMS</b><br>2   |   |                                    |   |  |
| <b>ADDRESS</b><br>ROTHWELL, FIGG, ERNST & MANBECK, P.C.<br>1425 K STREET, N.W.<br>SUITE 800<br>WASHINGTON, DC 20005<br>UNITED STATES   |   |                                    |   |  |
| <b>TITLE</b><br>Enhancement of effectiveness of 5-fluorouracil in treatment of tumor metastases and cancer   |   |                                    |   |  |
| <b>FILING FEE RECEIVED</b><br>450  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |